



AKSI STOP AIDS PROGRAM
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Abbreviations Used in the Report

Attachment 1: Subprojects Completed this Quarter
Attachment 2: Subprojects and Achievements to Date
Attachment 3: ASA Program Performance Indicators

Introduction

Throughout this quarter, July to September 2004, implementation of the diverse, complex, complimentary activities of the ASA Program continued in all ten target provinces, for all major target populations. Several issues received significant attention.

USAID led an external review of the ASA Program over a three-week period in August, including interviews with all major stakeholders, discussions with ASA staff, and field visits to observe the activities of several implementing agencies. The provisional results are overwhelmingly positive, and initial recommendations have been made for the program's continuation.

As long as same-sex relationships remain largely taboo in Indonesia, there are significant social, cultural and psychological barriers that prevent gays, transvestites, and transsexuals, other men who have sex with men, and their partners from accessing HIV-related information, care, and support services. A conference on Sexuality and Male Sexual Health in September set out to examine what these barriers are and why they persist, to review past and current interventions, and explore more effective strategies to reduce HIV risks in the future. The conference brought together social, political, and religious leaders in an effort to delineate their respective roles and responsibilities in reducing HIV/AIDS transmission between men.

With Indonesia's newly elected president and vice president set to be inaugurated in a few days' time, the next few months offer an opportunity to advocate for greater government support for action on HIV/AIDS. The vice president-elect, as a former chairman of the KPA, is potentially an important ally in scaling up the response, but the support of the legislators in the national and regional parliaments will also be critical to the success of comprehensive measures to tackle the impact of the virus. Plans have been made this quarter to target both the executive and the legislature in an attempt to establish a more enabling environment for the response.

2. PROGRAM IMPLEMENTATION AND ACHIEVEMENT

This section outlines the activities that have been implemented in support of each of the five key result packages (RP) during this quarter.

RP1: Increased Risk Reduction Behavior and Practices

1.1 Female Sex Worker Peer-led Interventions and Client Interventions

An ambitious study has begun to find out more about sexuality and sexual behavior among female sex workers, clients and waria. After more than ten years of initiatives to promote safer sexual behavior, the expected results have yet to be achieved, primarily because condoms are still not widely used. This study aims to establish a better understanding, among other things, of the perceptions of these three groups towards sex; what they expect from sex and what they do to achieve that; and what guides their choice of whether or not to use condoms. The data obtained will inform future program design. Data has already been collected from Jakarta, Riau, Bitung and Surabaya; data collection will continue in October in Semarang and North Sumatra.

Basic Outreach Skills Training was provided for the staff of seven NGOs that have recently entered into subagreements with ASA in Manado and Bitung, North Sulawesi. A total of 45 outreach workers, outreach coordinators, and program managers participated in the training from July 27 to 31. The week's activities provided an introduction to the aims, methods, management, and evaluation of outreach.

During the following week, from August 2 to 4, a Refresher BOST course was held for 77 participants from six NGOs in the Manado-Bitung area which all have established HIV/AIDS programs. Also catering to outreach workers, coordinators, and program managers, this course provided a brief recap on basic skills as well as more advanced aspects of outreach.

Uniformed Services

Military personnel frequently work in locations and under conditions where the threat of exposure to HIV and other STIs is very high. Many, if not most of them, however, are inadequately informed about high risk sexual behaviors. Since 2002, ASA has been collaborating with the Indonesian armed forces and the police to put in place a program to train hundreds of service people and police as peer leaders for HIV/AIDS education. Over the last 12 months, several core trainers and more than 200 peer leaders have been trained in Jakarta. This quarter, the focus shifted to Sentani, near Jayapura, Papua, where 40 peer leader trainers and 80 peer leaders were trained between August 2 and 13. The training was led by five Jakarta-based core trainers from each force.

Following the training all peer leaders have been active in promoting prevention among their peers. Peer leaders in Jakarta have exhausted the supply of IEC materials and condoms they received during the training, and continue to request additional materials. Each branch of the uniformed services has recognized that monitoring and reporting of activities are becoming increasingly important, and are focusing on developing appropriate systems.

IEC Materials Development

A number of new leaflets were finalized this quarter and launched at the National Meeting on Sexuality and Male Sexual Health. Leaflets providing information about syphilis, gonorrhea and genital warts were produced specifically for waria. The same subjects, and hepatitis, were also covered in leaflets designed for gay men.

New materials in development include materials for peer leaders in the uniformed services and MSM; VCT materials, and a flip chart for outreach workers.

Most of the IEC leaflets ASA produces are intended to be self-explanatory, and are freely disseminated. Taking a slightly different approach, ASA and IHPCP have currently collaborated on the production of a comic for youth in Papua. Other IEC materials, including a poster and a video, that will tie-in with the comic and reinforce the basic messages, are in development. The comic and other supporting materials will be used in guided activities such as focus group discussions and will be supplied with guidelines for use.

1.2 Prevention Marketing

An new phase of the mass media campaign utilizing the modified public service announcements that was launched in April including television, radio and print media, came to an end in July and is now being evaluated. Questionnaires have gone out to NGOs in Medan, Pekanbaru, Batam, Surabaya to collect responses from the target audiences. The design of the second phase, scheduled to start in January, will depend on input not only from this evaluation but also from the current Behavior Surveillance Survey (BSS).

Another mass media campaign, this time focusing on the risks of HIV transmission through injection drug use, will start in December. Six sets of materials have been developed and are being tested among IDUs by Leo Burnet in conjunction with Atma Jaya and CHR/UI. Two packages of materials (including posters, brochures and storyboards for TV spots) have been designed for IDUs, two for the general population and two for a 'combination' audience. Over the next quarter, AC Nielsen will conduct more comprehensive research among the general population as well as IDUs, for the storyboards only. The results will give some indication of which target audiences the campaign should be aimed at.

Given the huge popularity of *dangdut* music throughout Indonesia, especially among lower income groups, it clearly has great potential as a channel for reaching mass audiences with HIV/AIDS prevention messages. ASA is capitalizing on this mass appeal not only through the live shows but also through recorded music. Production has begun on a VCD featuring well-known artists with HIV/AIDS messages delivered in between the performances. The recording, which is aimed at male clients and will be supplied to bars and brothels, is due to be released after the end of the fasting month and will also be available on cassette tape.

Wayang is another popular art form. Unlike *dangdut*, however, *wayang* puppetry is deeply rooted in Indonesian culture and the tradition still resonates deeply with the people, particularly in Java. *Wayang* has often been used in the past as a vehicle for delivering social messages, and ASA is now supporting a program of training for *dalang* (puppeteers) to present HIV/AIDS prevention messages through their performances.

The *wayang* program began with a TOT in Solo, Central Java, from July 1 to 3. The training was conducted in collaboration with STSI (the Indonesian Arts Academy) and Senawangi (the National *Wayang* Secretariat). The 20 trained *dalang* then went on to work with ten more students at two *dalang* training centers: STSI in Solo, and the Kraton (royal palace) in Yogyakarta, from September 15 to 17. The *dalang* trainers will continue to conduct training in *sanggar* (arts workshops) all over Java, for a total of 400 *dalang*. An inaugural open-air performance was held on August 20 at Taman Mini in Jakarta. Among the several thousand-strong audience were a number of senior government officials and USAID Indonesia's Mission Director. The performance was widely publicized beforehand in the media and through a one-hour program, with leading HIV/AIDS activist Mari'e Muhammad and KPA consultant Dr Nafsiah Mboi, broadcast on the state television station. The US Department of Agriculture/Land o'Lakes will be providing further support for the *wayang* program.

1.3 Strategies Targeting MSM

In April 2001, a national workshop on male sexual health - the first of its kind in Indonesia - concluded that there was an urgent need to reduce high risk sexual behaviors among men who

have sex with men (MSM). Considerable progress has been made since then; an increasing number of organizations have been working on HIV/AIDS prevention among gays, waria and male sex workers and the issues have been raised more broadly. Nevertheless, HIV prevalence continues to rise among these population groups, especially waria. This September, a second National Meeting on Sexuality and Male Sexual Health was held with the aim of reviewing the interventions carried out thus far, identifying priorities for scaling up, and revising outreach strategies and mechanisms for building and maintaining networks. On a broader scale, the conference also sought to work towards a deeper understanding of the political, social, and economic challenges faced by MSM and the environmental factors that gave rise to them.

The meeting, which was held in Puncak from September 7 to 10, was organized by donors (including ASA, UNAIDS, UNFPA, HIVOS, Ford Foundation, DKT and IHPCP) in collaboration with key MSM NGOs Gaya Nusantara, Yayasan Pelangi Kasih Nusantara, and Yayasan Srikandi Sejati. The participants numbered almost 100, and included NGO staff working on interventions for MSM, social and cultural observers, religious experts from liberal Islamic organizations, and representatives of leading media groups. Respected journalist and poet Goenawan Mohammad spoke at the closing ceremony and emphasized the importance of empowering the gay community as part of the democratic process to ensure access to information on HIV/AIDS, prevention programs, and appropriate health services, as well as to strengthen their ability to fight abuse and discrimination.

Participants had the opportunity not only to look in depth at sexual health issues but also to examine sexuality in terms of human rights, religion, and culture, including specific sociocultural phenomena such as the *reog* tradition in East Java and the *bissu* of South Sulawesi. On the final day each NGO drew up a plan of action to mobilize activities in their respective regions.

1.4 Strategies Targeting IDU

Sharing and reusing of injecting equipment among IDUs is responsible for the majority of new HIV infections in most urban areas that continue to rise at alarming rates. One of the key components of harm reduction, therefore, is to try to ensure that IDUs have access to clean needles—either by teaching them how to clean them with bleach, or by supplying new ones. Outreach workers have been educating drug users about using bleach for some time, but it was only in August that the first needle exchange pilot programs were officially launched in Jakarta (on August 2) and Bali (August 31). The Bali project will be supervised by IHPCP, while the Jakarta project is being implemented by ASA partners Kios Atma Jaya and CHR/MBI. Regular meetings are being held with Kios Atma Jaya to determine strategies and develop operational guidelines. CHR/MBI, as well as being responsible for the evaluation of the project in Jakarta, will also facilitate administration and liaison with the police together with AHRN and other partner NGOs.

As the various harm reduction programs around the country have struggled to respond to the growing numbers of injection drug users in an environment of legal uncertainty, it has become clear that the government needs to articulate a comprehensive vision and policy on the matter. Through its partner CHR/MBI, ASA has been collaborating with other donors and the government on the development of a harm reduction strategy for Indonesia, which will be

discussed at a National Harm Reduction Meeting to be held in November. The ASA IDU team is on the steering committee for the meeting.

Meetings were held with the head of BNN's Task Force for Treatment and Rehabilitation as the starting point for assistance for an integrated and comprehensive response to the problems of drug use in communities, through pilot projects in six provinces. A community-based response is a new approach for BNN, which has hitherto addressed this issue primarily through institutional measures.

One of the consequences of Indonesia's current repressive approach to dealing with drug use is that IDUs, in particular, can be hard to reach. Wary of 'outsiders', they are often unwilling, at least initially, to cooperate with outreach workers. However, over the last three months, the 'coupon scheme' (respondent driven sampling where members of the target group are rewarded for contacting other IDU, efficiently expanding contacts) used by an NGO in Surabaya to recruit new clients, has resulted in remarkable increase in the numbers of new IDU contacts. In the first two months, 300 new contacts were made—far higher than the numbers reached by previous methods. While the coupon scheme is being used primarily to find respondents for the BSS, the respondents also have access to information and counseling at the same time. The scheme will soon be replicated in Bandung; training for data collection will be provided in October.

One of the first steps for newly contracted IDU IAs is to undergo Indigenous Leader Outreach Model (ILOM) training. This provides NGOs with a grounding in techniques for managing and implementing peer-based outreach to IDUs. In July (12–16), ILOM training was provided for outreach workers, field coordinators, and project managers from three new IAs, based respectively in Malang, Semarang and Palembang. The training took place in Jakarta and participants were able to observe the day-to-day activities at the drop-in centers operated by Kios Atma Jaya and CHR/UI.

Training was also provided in July for outreach workers from Puskesmas Jatinegara, a community health center in East Jakarta. The health center is receiving support from the local health authority to undertake outreach for IDUs over a six-month period. As well as the initial training, ASA will provide technical assistance to the project.

The outreach programs run by Kios Atma Jaya and CHR/UI have been in operation for several years. While indications of the effectiveness of these programs can be discerned through, for example, the BSS, and other smaller-scale studies, there had been no specific assessment of their impact until July this year, when ASA facilitated an evaluation. Training in data collection techniques was provided, and several IDUs were contacted and asked to respond to a questionnaire similar to that used for the BSS. The preliminary results of the evaluation indicate that positive changes in terms of knowledge and behavior have taken place, including significant increases in the use of the sterilization packages, and major increases in knowledge, motivation, and practice among those member of the target group reached by program activities.

1.5 Strategies Targeting People in Prisons

Large numbers of people continue to be sentenced to jail for drug-related crimes in Indonesia, and drug users account for a significant proportion of the prison population. Although

prisoners are not tested upon entering the prison system, it is possible that at least some of them are carrying the HIV virus. Given the anecdotal evidence suggesting that inmates in many prisons have access to drugs, the high rates of HIV prevalence reported from some institutions, and the reports of unsafe sexual behavior in prisons it is clear that HIV/AIDS needs serious attention within the correctional system. Though these problems are now acknowledged by the prison authorities, prison staff, in general, are ill-equipped to handle them. Over this quarter, ASA and IHPCP have been assisting the Ministry of Justice and Human Rights to address this through a pilot project to educate prison staff in institutions in Jakarta, Bogor, and Bandung on basic HIV/AIDS and drug abuse issues. This pilot project will continue until the end of September.

More advanced measures to address drug use and addiction in prisons are also being considered. This quarter, ASA took part in a series of discussions with the Directorate General of Correctional Institutions regarding IHPCP's proposal to introduce methadone substitution programs in prisons, as well as a schedule to draft a comprehensive strategy for HIV/AIDS prevention and care within the prison system.

1.6 Greater Involvement of People Living With HIV/AIDS

The concept of GIPA is still quite new to many. To those accustomed to considering people with HIV/AIDS as chronically sick or dying, it comes as quite a shock to realize that people living with the virus can be fit, healthy, and productive individuals. The notion that PLWHA can play a leading role in supporting, caring for, and advocating on behalf of others affected by the virus, is even further from their experience. By showing the 'real' face of HIV/AIDS, Tegak Tegar's exhibitions of photographs of Indonesian people living with the virus have helped to change people's perceptions of the disease and reduce the fear and stigma associated with it. Tegak Tegar itself, as a PLWHA-run NGO, has demonstrated to the public that PLWHA can make an active contribution to the fight against HIV/AIDS and society in general, while prompting people to think about the challenges they face in doing so.

During this quarter, Tegak Tegar staged exhibitions for International Youth Day on August 19 and at the Male Sexual Health and Sexuality Conference in Puncak in September. The International Youth Day event was organized in cooperation with the KPA and UNFPA and attended by the Ministers of Health, National Education, Women's Empowerment and Religion.

A number of activities were held to create a more enabling environment for GIPA at the local level. On August 25, ASA facilitated an introduction to the GIPA program in the West Java capital for Bandung + Support and various local stakeholders, including representatives from the KPAD, hospitals, and prisons.

Between September 28 and October 1, meetings were held with several stakeholders, including Batam Spirit Support, in the Riau Islands. Discussions focused on how to build care and support networks in the province, which is particularly pertinent now that ART is more widely available as a result of the government's commitment to provide the therapy to 10,000 people by the end of 2005. The success of this program depends, among other factors, on quality care, treatment, and support being available in each locality, not just the regional center. In provinces like the Riau Islands or Papua, where physical conditions put severe constraints on travel, this takes on an added importance. NGOs and support groups have a vital role in

ensuring not only that care, support, and treatment are accessible but also that HIV positive people are aware of their entitlements.

RP1						
<u>Indicators</u>	Target FY04	QI	QII	QIII	QIV	Total FY04
~Outreach and BCI Contacts*						
-FSW	18,539	9,355	11,736	18,621	18,151	57,863 ¹
-IDU	8,000	485	1,842	1,527	1,857	6,399 ²
-MSM	7,463	5,271	6,207	7,398	4,157	25,732 ¹
-Clients	1,203,000	312,463	277,218	361,110	192,301	1,202,954
~Referrals to STI Clinics Made						
-FSW	12,400	1,607	3,895	4,505	4,131	14,138 ¹
-IDU	37	168	315	911	14	1,408 ¹
-MSM	1,500	383	1,858	1,768	1,307	5,316 ¹
-Clients	6,800	537	2,669	1,819	2,374	7,399 ¹
~Condoms Distributed	2,500,000	1,250,122	262,505	229,804	273,943	2,016,374 ¹
~Safer Sex Packages	80,000	38,676	49,259	-	-	87,935
~Disinfectant Kits (bleach)	10,000	1,553	2,214	2,166	2,149	8,082 ³
~Media Spots (new)	10	-	2	4	3	9
~Persons Trained in BCC	81	44	15	92	46	197 ⁴
	Target FY04	QI	QII	QIII	QIV	Current Number
~Active PE						
-FSW	500	215	288	335	420	420 ⁵
-IDU	400	103	96	133	96	96
-MSM	100	91	103	117	46	46
-Clients	100	45	432	408	315	315
~Active Condom Outlets	340	243	265	380	423	423 ⁶
Notes:						
* New contacts only						
1: ASA's new strategy to increase coverage has proven effective						
2: ASA strategy for IDU emphasizes repeated contact; FY04 target too optimistic.						
3: Many IDUs are re-using/refilling their kits more after than expected, resulting in a savings to the program						
4: ASA provided additional refresher training for outreach workers						
5: ASA new BCI strategy does not emphasize PE any longer because of high drop-out rate.						
6: ASA has increased access to condoms significantly beyond original expectations						

RP 2: Strengthened HIV and STI Services

2.1 Improved STI Diagnosis and Treatment

Even as the ART scaling up program gets underway, the number of HIV testing facilities in the country is still very far from sufficient. As one of the steps to address this, in the last quarter ASA collaborated with the health authorities and other donors to train trainers and lab staff in HIV antibody testing. This training continued over this quarter, for total of 37 technicians from 25 hospitals and 12 VCT sites between August 2 and 7 at the PMI blood transfusion unit in Jakarta.

Between July 18 and 24, the STI team provided clinical management training for 18 people from four clinics in Dili in Timor Leste. Following ASAs success in developing and supporting STI clinical services in Indonesia, FHI APD has promoted the model throughout the region, with FHI Timor Leste being the first to request assistance and to provide their own funding for the entire training. ASA's experience in Indonesia has demonstrated that training is most effective when a full complement of staff from each clinic—a doctor, a paramedic, a lab technician and an administrator—takes part at the same time. The Dili training was therefore organized on this basis. The clinics were catering mostly to MSM, who had quite high rates (30%) of gonorrhea infection.

The same clinical management training was later provided for 20 people from six newly contracted clinics in North Jakarta; Subang, West Java; Papua; Banyuwangi, East Java; and Semarang. Personnel from Hotline Surabaya also attended as observers; while they do not operate a clinic, learning about the procedures first-hand will enable them to give better advice and counseling to their clients. The course was held in Surabaya from August 9 to 14.

Maintaining quality of services post-training can be problematic. Many technical issues can be dealt with during monitoring visits, but to ensure that day-to-day standards are maintained and results can be trusted, medical records and slides are regularly evaluated. Over this quarter, 3,382 methylene blue slides were read at ASA to assess the accuracy of simple lab examinations from 21 clinics of the 28 clinics currently supported by ASA. The remaining seven clinics are newly established and have not yet built up a sufficient client base to be able to send slides. The accuracy rate was 89%, almost the same as in the last quarter.

The evaluation of 4,642 medical records from 21 clinics indicated that accuracy of diagnosis has remained consistent at about 94%. Overall accuracy of treatment, meanwhile, dropped slightly to 92%, largely due to the fact that a number of clinics in South Sumatra and Papua have not received any technical assistance since new guidelines were introduced recently.

One of the problems facing clinics is that the process of testing can be slow. Serological tests for syphilis, for example, usually have to be sent to a public health laboratory, and patients can wait several days for the results. This means a delay in starting treatment, if needed, and could discourage patients from returning to the clinic for their results. On-site testing would allow clinics to provide better service for their clients, but staff need to be qualified. In Surabaya from August 23 to 27, three laboratory technicians from clinics in East Java were trained to carry out syphilis serological testing. Service can now be much faster and more people will have access to tests. The three clinics will be included in the national quality assurance system and will take part in semi-annual panel tests of selected positive/negative specimens.

A field study was begun in March this year to study gonorrhea susceptibility to certain antibiotics commonly used in treatment. This study involves a multi-comparison testing at the provincial laboratory in Surabaya and the possible development of similar testing capabilities at the MOH's research and development unit. A number of specimen collectors and lab staff were trained last quarter, and training continued this quarter for microbiology staff in the public health laboratory in Surabaya. The training, held from August 8 to 14, focused on the preparation of specimens which are to be sent to Sydney for quality control, as part of a WHO project to monitor antimicrobial resistance in *Neisseria Gonorrhoeae*. Specimens will be sent at least once a year. Since experience in this type of testing is still lacking in Indonesia, this exercise represents a valuable additional control measure for Indonesian health services, and at no extra cost (all the costs are assumed by WHO).

In September, the STI team presented the results of the 2003 STI survey to the National Surveillance Meeting in Yogyakarta. The meeting, which focused on second generation surveillance, was attended by participants from the MOH, provincial health services, and KPADs from 30 provinces. Further details about the event can be seen below under RP3.

Members of the STI team traveled to Chiang Mai, Thailand, to take part in the IUSTI Asia Pacific Congress from July 6 to 9.

2.2 VCT, Care and Support

A major focus continues to be building support and identifying new sites for VCT, through advocacy and rapid assessments, to make testing more accessible in key areas. Once sites with an acceptable level of existing support facilities are found, inputs can be given to build the necessary skills and capacity. Following the VCT Rapid VCT Assessment in Semarang in June, VCT training was held in nearby Salatiga for 25 participants. The training was funded by the local government, using both government and NGO master trainers, while ASA provided technical assistance. Training for new counselors in Palembang, South Sumatra, was followed up some weeks later with a one-day VCT advocacy meeting on September 21.

Alongside efforts to bring new counselors on stream, resources are also being put into ensuring that existing counselors remain up-to-date and motivated through mentoring and refresher training. This quarter, 22 counselors attended one such course in Cipanas, West Java. Jakarta-based VCT counselors attended a coordination meeting on August 23, while ASA staff were in Merauke between September 12 and 17 to monitor and mentor VCT counselors and case managers.

VCT Counselor Training

Location	Number of Trainees	Dates
Cipanas, West Java (refresher training)	22	July 14–17
Palembang, South Sumatra	25	July 26–31
Salatiga, Central Java	22	September 5–13

An RRF pilot project to offer VCT to people being treated at PPTI, a Jakarta TB clinic, continued this quarter, and in-service education continued for the clinic's VCT team on July 22 and 29. New staff at the clinic are attending weekly tutorials on various aspects of caring for people living with HIV, including treatment of co-infections, post-exposure prophylaxis for

healthcare workers, treating IDUs, and looking at myths and attitudes towards HIV/AIDS. Services are being linked to treatment options at the Infectious Diseases Hospital in Jakarta.

The Ministry of Social Welfare is making preparations to take on a greater role in HIV/AIDS case management. This aspect of care can be sustainable in the long term only if it is an integral part of government services. Following a meeting with the Director of Social Services and Rehabilitation, ASA staff gave a lecture on Case Management to participants in the Ministry's Masters program. Responsibility for case management training, implementation and supervision, which has until now been undertaken by the Widuri Foundation, will eventually be passed to the Ministry.

At present, though, case management is still, like VCT, a relatively unknown quantity, and to address this, ASA is continuing to conduct case management advocacy around the country. A week of advocacy activities was held in Bandung (September 5–12). All relevant hospitals, institutions, and NGOs were involved. Several training candidates identified during the week participated in a one-week course on case management in Bogor from September 26 to October 2. The 25 trainees also included participants from Maluku and Jakarta.

There is welcome evidence that the private sector is beginning to take the HIV/AIDS threat—and their corporate social responsibilities—more seriously. The medical officer at UNOCAL's operations in Banjarmasin, East Kalimantan, requested ASA's assistance on a VCT rapid assessment in the city. The VCT team provided input for the program design and facilitated the activity.

The working group on Care, Support, and Treatment (comprising MOH, WHO, IHPCP, UNAIDS, and ASA) met in August and September, making further progress on the development of strategy and guidelines. A draft national CST strategy has been produced and is scheduled to be completed by January. Guidelines and SOPs for the individual components—ART, home care, VCT and so on—will then be compiled under the strategy.

Clinical Care and Treatment

In July ASA's clinical care specialist traveled to Papua to monitor the implementation of the National Care, Support, and Treatment Guidelines in two hospitals (not ASA IAs) and a number of clinics in Jayapura and Sorong. Activities included presentations, discussions, and training for nurses. Despite taking part in Part One of the CST training last quarter, medical personnel are not strictly adhering to the guidelines. Part of the problem is that doctors perceive caring for HIV patients to be time consuming and unrewarding; at the same time, many other urgent public health concerns are also competing for their attention. Further intensive visits of at least two to three weeks will be needed over the next few months in order to establish good relationships with the doctors and nurses and build support for proper implementation of the guidelines. During July, doctors from Nabire and Biak were also trained to enable HIV service coverage to extend beyond the main cities. However, case managers and nurses will also need to be trained to ensure adherence to the treatment.

From the end of August until September 7 ASA's HIV Clinical Management Specialist attended a short course on ARV treatment and care of people with HIV/AIDS, focusing on resource-limited settings. Five people from Indonesia participated in the course (three funded by MSF and one each by ASA and AusAID), held at the Institute of Tropical Medicine in Antwerp, Belgium. The knowledge and methods acquired from this training will provide input for the development of Part Two of the CST course, which focuses on ARV therapy. Provision

of this training is due to begin at the end of the year. The WHO guidelines on scaling up ART, which are currently being translated into Indonesian with ASA support, will also provide input for both the development of the modules and for the participants themselves.

Several ASA interventions are now incorporating aspects of CST. The prison program, for example, is working towards support for HIV and TB prevention and care in correctional settings. Meetings were held with Technical Unit staff during September to ensure that all such work is properly coordinated.

RP2						
Indicators	Target FY04	QI	QII	QIII	QIV	Total FY04
~Appearing at clinic						
-FSW	12,400	3,178	5,403	7,516	8,316	24,413 ¹
-MSM	750	138	761	690	515	2,104 ¹
-Clients	3,400	826	966	1,764	1,445	5,001 ¹
~Clinic Personnel Trained	136	19	-	83	24	126
~# of Simple Lab-test Performed						
-FSW	12,400	2,682	5,042	6,758	7,853	22,335 ¹
-MSM	750	88	616	511	438	1,653 ¹
-Clients	3,400	557	982	1,021	1,369	3,929 ¹
~# of VDRL/TPHA Performed						
-FSW	12,400	1,488	1,590	2,807	1,962	7,847 ²
-MSM	750	8	148	180	19	355
-Clients	340	10	14	24	42	90
~STI Screenings Performed						
-FSW	24,800	2,683	5,017	7,113	8,604	23,417
-MSM	750	88	690	527	468	1,773 ³
	Target FY04	QI	QII	QIII	QIV	Number Current
~# of PLWHA Receiving Care and Support Services	300	75	251	264	443	443 ⁴
Notes:						
1: ASA strategy in involving pimps to support STI screenings for FSW has proven effectively						
2: Lower rates caused by previous delays in establishing agreement between clinics and laboratorium (BLK) services						
3: ASA strategy in involving pimps to support STI screenings for FSW has proven effectively						
4: ASA has significantly expanded coverage during this year						

RP 3: Enhanced Capacity and Quality of GOI HIV/STI Surveillance Systems and Their Use of Epidemiological Data in Key Decision Making

Surveillance

The National Report on the 2002–2003 Behavior Surveillance Survey, a compilation of the reports from 13 provinces, was published this quarter in Indonesian and English, and is being distributed to all KPADs and other key stakeholders.

Data collection for the current BSS is proceeding smoothly. FSW and clients have been surveyed in North Sumatra, South Sumatra, Riau, Central Java, East Java and Jakarta. In West Java, efforts are still being made to get cooperation from various employers to allow for data collection from factory workers. In Papua, data collection has begun in Jayapura, Sorong and Merauke. Data has been collected from high school students, IDUs and MSM in Surabaya and from MSM in Jakarta. In Surabaya, where BPS has collaborated with local NGO Yayasan Talenta to collect data from IDUs, the coupon system has already yielded 342 respondents and new contacts are still being made. This system will be replicated with IDUs in Bandung, starting in October. IDUs in Jakarta will be surveyed in early 2005.

All the data collected so far is now being analyzed and reports are due to be ready by December, in time for the World AIDS Day, when they will be used to support advocacy activities by the national KPA and local KPADs.

The BSS was one component of the Second Generation Surveillance system under discussion during the National HIV Surveillance Meeting in Yogyakarta on September 6 and 7. The principal objective of the meeting was to evaluate current surveillance activity, which covers STI surveillance as well as behavioral and serological surveillance. It was also an opportunity to present the updated population estimates from 2004, disseminate the new Standard Operating Procedures for surveillance, and launch the National BSS Report. All provinces were represented at the meeting, and participants included personnel from the KPADs, local health authorities, the Indonesian Red Cross and public health laboratories.

Participants had the chance to raise issues and concerns regarding data collection, analysis, and reporting. In an exercise to review the data analysis process, participants, grouped by province, were asked to integrate the HIV data from several sources in their province, including passive case reporting, HIV and STI serosurveillance, BSS, and blood samples from PMI. This exercise was intended to improve shortcomings in analyzing and reporting data.

Among the issues brought up was the problem of incomplete data, particularly with regard to passive reporting by hospitals, which often under-report cases of HIV and AIDS for fear of attracting unwelcome publicity and putting off potential ‘customers’. Another problem is the limited support for surveillance. The MOH carries out serosurveillance in the priority provinces, but lacks the funds and resources to do it in all provinces. One of the hoped-for outcomes of this meeting was that such provinces (and districts) would be motivated to start conducting HIV and STI surveillance using the established systems and methods under their own funding. Recognizing the chronic shortage of government funds for such activity, potential external sources of technical support and financial assistance were discussed.

It was noted that the HIV surveillance software (SSHIV), which was developed with ASA support and launched earlier this year, is underutilized. While the MOH indicated that there are

plans to evaluate the guidelines and conduct more training next year, a key issue is that at the central level, there are still no facilities in place to receive data electronically.

Strategic Planning

The HIV and STI data generated by surveillance (see above), together with data from other sources, feeds directly into the strategic planning process undertaken by KPADs at provincial and district levels. On the basis of this input, representatives from government sectors, NGOs, and community groups identify a series of priorities for action over a five-year period. ASA continued to facilitate this process over the quarter in several locations.

In Jayapura municipality, the strategic plan was completed and the drafting team is currently following up with the annual workplan, which will be submitted to the head of the district. The team is also formulating a local policy, which includes a political and financial commitment, and will become the official joint declaration by the district administration and legislature on the district's response to HIV/AIDS. For this district, as with many others, the biggest constraint is still funding: only now are administration officials and lawmakers beginning to understand the magnitude of the problem and the financial support required to tackle it. Almost as frustrating is that, despite the ample evidence of the grave threat HIV/AIDS poses for the community, local government officials are apparently unwilling to take a lead on the issue. It can take several months for the strategic plan to go through the process of getting approval from all the concerned sectors. This is not limited to Jayapura; it is a pattern repeated throughout the country. The leadership of the head of the district (or province) can make a significant difference in this respect.

A similar planning process was carried out in Jayapura the following week for the provincial strategic plan. Unfortunately, the leadership issue arose here too: only the health sector was represented by a senior official, the head of the provincial health authority. The absence of other high level personnel is likely to considerably delay the approval process.

Further west in Papua, ASA assisted oil company BP in facilitating eight districts in the Bird's Head region to develop a strategic plan. BP has become involved as a result of the community responsibilities attached to its exploration work in Bintuni Bay. HIV/AIDS, along with malaria, TB and mother-and-child health, are the most critical community health issues in the region.

In West Java, joint workshops were held for Bekasi and Karawang districts and for three districts in the regional capital, Bandung. A joint planning workshop was also held for all five mayoralities of Jakarta as well as the Thousand Islands district, which had become concerned about the issue after analyzing the local data. Each mayoralty is now working on its annual plan with assistance from the Jakarta KPAD.

Strategic Planning Workshops

KPAD	No. of Participants	Dates
Jayapura Municipality	35	Aug. 3–5
Province	40	Aug. 9–13
Bird's Head (sponsored and facilitated by BP)	32	Aug. 24–27
Bekasi & Karawang	36	Jul. 20–22
Bandung Municipality, Bandung Regency & Cimahi	42	Sept. 6–9
DKI Jakarta & Thousand Islands	70	Sep. 21–23

Advocacy

Donor funding for the HIV/AIDS response in Indonesia will receive a considerable boost by the beginning of 2005. Earlier this year, ASA assisted the MOH with the development of a proposal for Round 4 of the Global Fund for AIDS, Tuberculosis and Malaria. This proposal, which covers IDU interventions, STI treatment, outreach to MSM and transvestites, and HIV prevention in the workplace, was accepted, contingent upon some minor changes.

Additional funds may also become available in early 2005 for HIV/AIDS through an administrative arrangement with UNDP utilizing funding from a DfID trust fund. This funding will be allocated to some of the 'gaps' that are not specifically or fully supported by ASA, GFATM or IHPCP activities. This would include expanding programming among target populations as well as support for work with the military, the KPADs, and prisons. Concept papers on these program areas have been submitted to UNDP/DfID. The UNDP/DfID support will complement and expand USAID's investment in certain areas and allow for a more comprehensive package of measures to tackle the epidemic.

The change of government offers an important opportunity to lobby for a more proactive response to HIV/AIDS on the part of the nation's executive and legislative branches. ASA has been working with KPA and IHPCP to develop a brief for incoming Vice President Jusuf Kalla, former head of the KPA, together with a draft plan for the repositioning of the KPA under the office of the vice president. If the proposal is accepted, it would potentially open the way for high-level leadership on HIV/AIDS that has so far been lacking.

The Sentani Commitment was one of the strongest declarations to date of the government's intention to scale up efforts to address the epidemic and its impacts. When it was signed in December 2003, the six participating provinces and relevant sectors agreed to meet to follow up on each of the commitments every three months. The second of these monitoring meetings, organized by the KPA, was held in Yogyakarta on July 30 and 31. The number of signatory provinces has now swelled to 12: Maluku, North Sumatra and West Kalimantan joined in April, followed by Central Java, Yogyakarta and South Sumatra in July. The first day of the meeting consisted of a technical meeting between the KPADs of the 12 provinces, during which experiences were exchanged. On the second day, attended by the governors of all 12 provinces, the six key ministers presented a summary of the activities and progress of their respective sectors.

In this first six months, progress has been slow with the exception of certain provinces, notably Bali, where the program is well established. The problems are familiar: a lack of strong leadership, insufficient allocation of funds, and limited involvement of non-health sectors, while the day-to-day operations of the KPADs are severely limited by the shortage of resources. No explicit commitments were made for the next three-month period.

One of the fundamental strategies for reducing the spread of HIV/AIDS is interventions to change high risk behaviors. But in a country like Indonesia, which is still socially conservative, talking openly about sexual behavior and acknowledging the existence of high risk practices can invite opposition from powerful groups, especially when outreach to the general community is involved. The official line of the Indonesian Council of Ulema (MUI), for example, is that condoms should only be used within the context of marriage, for birth control. Such statements can carry a great deal of weight in areas like East Java, where Islam is particularly strong. For this reason, ASA organized a workshop for the East Java branch of

MUI in early September to highlight some of the issues surrounding condom use, prevention and the HIV/AIDS situation in the province. The ulemas have now agreed to adopt a more pragmatic stance, and at least not to obstruct interventions with the community or at-risk groups.

RP3						
Indicators	Target	QI	QII	QIII	QIV	Total FY04 to Date
~Press reports on HIV related Issues	500	202	127	119	223	671

RP 4: Strengthened Capacity of Local Organizations to Plan, Finance, Manage and Coordinate HIV/STI Responses

Through a wide range of studies, surveys, monthly activity reports from IAs, and the BSS, the ASA program generates substantial amounts of data. Recognizing that more can be done to make optimal use of this information to monitor project inputs, outputs, and impact, ASA introduced internal M&E training at the end of September, in collaboration with MOH and UNAIDS, for a dedicated data analysis team. The team will work on an integrated analysis of survey data and program activity data and present a selection of results each month on a regional or thematic basis, such as IDU interventions, or behavior change activities for specific target groups.

Finance

The quality of financial reporting by ASA's implementing agencies has continued to improve, largely due to the simplified system that is now in place. Upon signing a contract with ASA, each new IA receives one to two days of intensive training in keeping accounting records and the preparation of Monthly Financial Reports. Training is kept simple, as the staff assigned to administration often have no financial or accounting background, and in some cases, no experience of working with computers. Reports are monitored closely, and further technical assistance is given if required, usually six months after the initial MFR training. One of the biggest challenges, however, is the high turnover of personnel in IAs, making frequent retraining necessary.

MFR Training, July–September 2004

Province	IA	Province	IA
S. Sumatra	Puskesmas Lubuk Linggau	Papua	Delsos Agats
S. Sumatra	Puskesmas Pembantu Prabumulih	N. Sulawesi	RS Budi Mulia Bitung
S. Sumatra	Yayasan Intan Maharani	N. Sulawesi	RSUP Manado
West Java	Dinkes Subang	West Java	Bandung Plus Support
Papua	RSUD Sele Be Solu	Jakarta	Partisan Club
Papua	Yayasan Aesculap	Jakarta	PPTI
	Yayasan Waris	Jakarta	Yakita
Papua	RSUD Dok II Jayapura	Papua	PKBI Papua

KPA

The KPA and the KPADs have been in place for several years now, but the history of unclear status and authority, together with the chronic lack of resources and personnel, have all contributed to a situation where there is little direct coordination or monitoring between central, province, and district levels. The establishment of a monitoring system has been discussed several times at the national level, but serious attempts to develop one have not been made until now. The KPA and KPADs, in collaboration with ASA, IHPCP, and UNDP, are currently developing a series of easy-to-use monitoring tools which are expected to be adopted, as a pilot project, before the end of the year. The system has also generated interest from KPAD officials in the provinces, who are keen to see the system implemented.

The use of such a system should help to bring about improvements in the quality of implementation. The KPA is also exploring means of improving the skills of KPAD personnel through a systematic training program, but progress on this has been slow. The persistent problem of getting sufficient senior people to attend meetings has been a key issue, which has been intensified this quarter by the preparations for October's presidential election.

The KPA held a national meeting for representatives from all provincial KPADs in September. ASA was among several donors in attendance, and gave a presentation on the program, achievements and lessons learned. Many provinces expressed interest in the program and requested assistance to develop activities in their respective areas.

RP4		Target FY04	QI	QII	QIII	QIV	Current Number
<u>Indicators</u>							
~# of KPAD with a Strategic Plan							
-Provincial		10	6	9	10	10	10
-District		37	9	15	18	23	23 ¹
~# of KPAD Members Trained in Advocacy		94	-	-	-	-	- ¹
~# of KPAD with Written Plans for Advocacy		6	-	-	-	-	- ¹
~# of IAs Completing Annual Financial Review		86	7	17	44	74	142
~# of IAs Submitting Monthly Financial Reports		111	75	72	83	96	96 ²
~# of IAs Submitting Monthly Program Reports		111	72	70	77	94	94 ²
~# of IA Staff Trained in M&E		222	-	34	172	206	206
Notes:							
1: ASA decided to focus on developing strategic plans with KPAD instead of training on advocacy skills during FY04.							
2: The current number of active IAs is 96							

RP5: Increased Leveraging of Non-Program Programmatic Interventions and Financial Resources

After several months of intensive advocacy, drafting, and revising, the Decree of the Minister of Manpower and Transmigration on HIV/AIDS Prevention and Control in the Workplace came into effect in May of this year. The Decree was the result of a joint effort between the Ministry, ILO, ASA, and its NGO partners KKI and YKB, and was a significant milestone for HIV/AIDS prevention and the elimination of discrimination against PLWHA. Before the Decree can be properly implemented, however, the supporting legislation must also be in place, so from July 19 to 21 the working group reconvened in Ciloto, West Java, to plan the technical guidelines and implementing directives for the Decree. Once these are adopted and enacted, the Decree, which requires employers to take adequate measures to prevent the spread of HIV/AIDS in the workplace and prohibits them from discriminating against HIV positive workers, will be enforceable.

APINDO's national HIV/AIDS advocacy program was launched on July 29 by Sofyan Wanandi, chairman of the organization. In collaboration with ASA and ILO, APINDO will hold workshops in five provinces. These have so far been held in Surabaya (August 26) and Bandung (October 1). The first day of the workshop, companies are linked up to local NGOs that can facilitate the development and implementation of a workplace program. On the second day, the companies work with trade unions to plan appropriate interventions for employees. In preparation for this, ILO has been conducting training for union personnel. This program will continue into the next quarter.

Many of the ASA-supported behavior change interventions targeting men who buy sex have been grouped under the Healthy Ports and Highways strategy. The transportation and port sectors employ thousands of men who traverse key land or maritime corridors. Highly mobile and often away from home for long periods, these men are potentially at high risk of exposure to HIV. The port of Tanjung Priok in Jakarta is a vast intersection for the shipping and trucking industries, and recent BSS data indicate that men working in the vicinity engage in high levels of unsafe sexual behavior. Over the last few months, ASA, ILO, UNAIDS, IHPCP, NGOs and the Ministry of Manpower and Transmigration have been planning an integrated program covering policy development; interventions for management, workers and unions; and media support. Activities began in August with visits to stakeholders in the port to conduct needs assessments.

HIV/AIDS clearly has a devastating impact on the lives of those living with the virus; if steps are not taken to halt the spread of the epidemic, it also will have serious repercussions on the country's economic development. This was one of the points made during a presentation to Britcham (the British Chamber of Trade in Indonesia) on the business impact of HIV/AIDS in August. Most PLWHA are in their most productive years; the loss of these people from the workforce, through sickness and, eventually, death, not only impacts the productivity of the enterprises concerned but also sets off a series of reactions that have adverse economic consequences: more people are forced out of the workforce to care for the sick; reduced incomes force more children to drop out of school, which can later lead to a shrinking pool of skilled labor; reduced purchasing power means lower demand for goods and services. Framing the HIV/AIDS in starkly economic terms has prompted the private sector in other parts of the world to take action on HIV/AIDS by implementing proper prevention and care measures at the enterprise level. In Indonesia, advocacy by ASA, ILO, UNAIDS, and others to local and

international chambers of trade is also having some success in mobilizing companies to initiate HIV/AIDS programs.

In the same way, ASA's executive briefings to individual companies have continued to stimulate interest by introducing the issues surrounding HIV/AIDS in the world of work and demonstrating the practical actions that enterprises can take to ensure a healthy and productive workforce. Executive briefings were held this quarter for Indosemen in Cirebon, the Hilton Hotel, tobacco corporation BAT, and the Bogor branch of the Rotary Club.

TOT

Location	Business	Date
Inti Bolgori, Surabaya	Flour Mill	July 1
Tjiwi Kimia, Surabaya	Paper Factory	July 2
Abadi Adimulia, Surabaya	Manufacturer	July 3
Maspion Group, Surabaya	Manufacturer	July 22
Spil, Surabaya	Manufacturer	July 31
BP, Jakarta	Oil and Gas	August 4-5
Unilever	Manufacturer	August 5-7
Total Oil, Jakarta	Oil and Gas	August 11
Danone Aqua, Surabaya	Mineral water	August 18 and September 18
Riki Global Indo Putra	Manufacturer	August 28

Several companies have maintained their HIV/AIDS education and prevention programs over a period of several months and have requested further training or capacity building. OSH staff from multinational FMCG manufacturer Unilever took part in a follow-up training course, having the opportunity to visit Yayasan Pelita Plus and the Dharmais Hospital, two service centers providing HIV testing and support services in Jakarta.

Follow-up capacity building was also provided for Riki Global Indo Putra, one of a handful of companies that received an award earlier this year for showing high commitment to maintaining HIV/AIDS workplace programs. This training was an advanced TOT for the company's clinical staff, focusing on STI management.

Results of the first systematic impact evaluation of an ASA-supported workplace program will soon be available from motor vehicle manufacturer Hyundai. In September a Behavioral Risk Assessment was undertaken to measure the impact of the program after one year. The results are being compiled and compared with the pre-program assessment. Similar evaluations will increasingly be carried out in other companies as this preliminary assessment becomes a standard part of the program.

Interest in the workplace program is growing: increasingly, large employers across the country are realizing the potential benefits of having a workforce that is able to take measures to protect their health, and trained health and safety staff that can deliver accurate and practical advice and basic support. As the program expands there is a need for more 'second tier' NGOs to advocate to and train companies outside the initial priority areas of Jakarta/West Java, East Java and South Sumatra. Staff from a new Semarang-based IA, Yayasan Bahana Kepedulian, were trained at the end of July and will soon be working with organizations in Central Java. Efforts will also be taken to better target those industries working in areas where high risk behaviors are most prevalent and among those employees most at risk.

In July the team gave a presentation on the Workplace Program at the International HIV/AIDS Conference in Bangkok. The presentation was well attended and generated considerable interest.

RP 5						
<u>Indicators</u>	Target FY04	QI	QII	QIII	QIV	Current Number
~# of IAs Trained in Promoting Private Sector Leveraging	60	5	22	22	32	32 ¹
~# Private Sector Firms with Workplace Programs	100	71	91	94	105	105
Notes:						
1: ASA's new strategy for workplace programs emphasizes programming directly in companies instead of training a large number of NGOs						

3. FHI/ASA MANAGEMENT AND STAFFING

Throughout this quarter the competent management of the ASA Program continued, with the following highlights:

Subproject Development

During this quarter seven new subagreements were executed, 18 subagreements were amended to add additional funding and extend their implementation period, and two subagreements were terminated due to financial mismanagement. This brings the total of active subagreements to 96. Six Rapid Response Funding contracts were also executed this quarter, while implementation continued on the three active partner agreement task orders. Please refer to **Attachment 1** for a list of **Subprojects Completed This Quarter** and **Attachment 2** for a **Comprehensive List of All Active Subagreements** and their achievements to date.

Workplan Finalization

Following detailed review of the draft ASA Program Year Five Workplan by USAID and FHI's Asia and Pacific Division, the document was finalized and approved on August 16, 2004. As outlined in the Workplan, collaboration with over one hundred partner organizations and 51 local AIDS commissions throughout the ten target provinces will continue until June 2005, after which all program implementation will end in order to allow sufficient time to complete all administrative requirements before the ASA Program officially terminates on September 30, 2005.

USAID Program Review

USAID organized an external review of the ASA Program from August 16 to September 3 by a team of international experts and USAID representatives lead by Jack Reynolds. During the

review, visits were made to field activities in Jakarta, Papua, North Sulawesi, and Central Java, as well as major collaborators and stakeholders at the national level. The tentative results have been overwhelmingly positive. Suggested areas for improvements include: supervision and mentoring in the field, which need to be strengthened; project management, which should be streamlined and decentralized; and evaluations of selected intervention activities, which should be implemented to determine what works and what does not. The overall conclusion of the evaluation was that ASA is achieving significant results in a difficult environment, and that the program should be extended for at least five more years as any break in continuity would have serious consequences for the HIV response in Indonesia. The final report is expected by the end of October 2004.

Study Tour from Pakistan

The ASA Program organized a comprehensive study tour for a group of eight Pakistanis, including the FHI country director for Pakistan, three GOP officials, and four representatives from partner NGOs, from September 27 to October 1, 2004. Site visits were organized to a selection of important activities in Jakarta, and discussion sessions were held concerning the involvement of faith-based organizations, advocacy with the legislature, coordinated VCT and care and support activities, and workplace programming. The group was impressed with the comprehensive scope and breadth of ASA activities, as well as the close collaboration among donor projects, the government, and NGOs.

Monitoring

As in each previous quarter, monitoring trips were made to all ten target provinces this quarter. The improvements in the ASA monitoring system are being implemented in almost all areas, and have helped to facilitate more comprehensive reporting and better quality of information. Site visits to implementing agencies by ASA provincial staff have become routine, though a higher priority needs to be given to monitoring by the technical staff in Jakarta who often have trouble fitting these trips into their already full schedules. Following input from the USAID external review, the ASA M&E team is working on establishing more appropriate intermediary indicators for program activities, especially behavior change interventions, as well as designing both qualitative and quantitative methodologies to evaluate program interventions.

The monitoring of the financial management of all subprojects continued as well. All partner organizations continue to provide complete and timely monthly financial reports. ASA has provided direct financial monitoring based on the FHI standard financial and administrative checklist to six organizations during this quarter, all with excellent results.

Reporting of Performance Indicators

As specified within the cooperative agreement, a complete report on results to date of the **ASA Program Performance Indicators** is included in this final quarterly report for FY2004. This may be found in **Attachment 3**.

Staffing

The following changes in staffing occurred this quarter:

- Meytha Nurani assumed the responsibilities of BCI Specialist on July 7, joining the BCI team in Jakarta.
- Nasrun Hadi joined FHI as a BCI Specialist for Harm Reduction on August 16, following work with FHI partner AHRN.
- Henri Puteranto joined FHI in the position of Prisons Specialist on September 22.
- Farida Aprilianingrum began work as the Administrative Assistant for the ASA Central Java office on August 2.
- Endah Erawati began work as the Administrative Assistant for the ASA South Sumatra office on July 26.
- Rupinawati began work as the Administrative Assistant for the ASA North Sumatra office on September 14.
- Asti Nurthidayati was promoted from her previous position as BCI Assistant to the new position of BCI Specialist on September 1, following two years of excellent work for the ASA Program.
- Kekek Apriayana was also promoted from her previous position as Counseling Assistant to the new position of Counseling Specialist on September 1, following her significant contributions in developing the VCT and care and support components of the program.

Consultants

The ASA Program has continued to receive technical assistance from the following consultants during this quarter:

- Made Efo Suarmiarta and Supriyanto Slamet have continued to share their considerable expertise in behavior change, including the facilitation of BOST training, mentoring partner NGOs, and assisting ASA to review and refine its BCI strategy.
- Nur Tjahjo, Arifin Fitrianto, and Bambang Irawan have continued to design, pre-test, and produce the expanding inventory of IEC materials on HIV/AIDS issues, focusing on MSM and military needs this quarter.
- Mitu M. Prie has continued to assist with prevention marketing activities, including the formulation of a special communications strategy for Papua, and the organization and public relations for the Male Sexual Health Conference this quarter.

- Dede Oetomo also contributed several days to organize and facilitate the Male Sexual Health Conference held in September.
- Hari Purnomo completed his assistance in organizing the IDU component of the BSS in Surabaya, while continuing to provide management expertise to Talanta in Surabaya and Bahtera in Bandung.
- Jolanda Sumual has continued to provide secretarial assistance to the National Narcotic Board throughout this quarter.
- Nafsiah Mboi also continued her excellent work with the National AIDS Commission, focusing this quarter on developing a training program for provincial and district level AIDS commissions and providing follow-up to the Sentani Commitment.
- Awalludin continued to assist with confirmatory testing of laboratory samples from partner STI clinics.
- Astrid Wiratna has also continued to assist with the training and mentoring of counselors to provide quality care and support for people living with HIV/AIDS, especially in the provinces of Papua and North Sulawesi.
- Adi Sasongko has continued to provide assistance during executive briefs for major private sector firms and other private sector leveraging activities.
- Flora Tanujaya has provided extremely competent assistance in program development in Maluku, while finalizing the RTI study report.
- As usual, Sally Wellesley has continued to provide her excellent assistance in the preparation of reports and other program documents.

Visitors

The ASA Program received the following international visitors during this quarter:

- Danielle Alford from the Marfarlane Burnet Institute visited from August 8 to 20 to review the implementation of activities and finalize plans for the amendment to the Partner Agreement to cover the period through June 2005. She was joined by David Jacka, the new Acting Director of the Institute, from August 18 to 19 as part of an orientation to their program in Indonesia.
- Ton Smits and Jantima Buonsum from the Asian Harm Reduction Network headquarters in Chiang Mai visited from August 24 to 27 to discuss plans and develop their proposal to extend program activities in Indonesia through June 2005.
- Philippe Girault from FHI APD visited from August 29 to September 11 to review and advise on activities with the military as well as MSM program development, including a visit to MSM NGOs in Batam. He also participated in the Sexuality and Male Sexual Health Conference held in Puncak, Bogor.

- Jeanine Bardon, Regional Director for FHI's APD, visited from August 30 to September 2 to participate in the final presentations of the USAID review team as well as discussions with USAID on future opportunities.
- Naseer Nizami, the FHI Country Director for Pakistan, led a team of eight representatives from local governments and NGOs involved in HIV/AIDS programs in Pakistan on a study tour of ASA Program activities in Jakarta from September 27 to October 1.

4. PRODUCTS AND MATERIALS PRODUCED THIS QUARTER

The following products were developed this quarter:

- Three print advertisements for the "Protection" campaign.
- A 30-second radio spot featuring Harry Roesli's HIV/AIDS jingle.
- A series of four brochures for gay men discussing syphilis, gonorrhea, hepatitis, and genital warts.
- A series of three brochures for transvestites discussing syphilis, gonorrhea, and hepatitis.
- A comic book on HIV/AIDS prevention for Papua youth.

5. MAJOR ACTIVITIES PLANNED FOR THE NEXT QUARTER

Major activities planned for the next quarter, October to December 2004, by the ASA Program include:

- Subagreement development. ASA plans to execute two new subagreements during this next quarter, bringing the total of active subagreements to 98. A total of 26 subagreements will also need to be amended during this period in order to extend their activities until June 2005.
- A workshop for ASA provincial staff will be held in Jakarta from October 11 to 12 to discuss the subagreement amendment process, the role and responsibilities of provincial staff in KPAD capacity building, and internal coordination issues.
- A workshop to review and refine the BCI strategy for FSW and client interventions will be held from October 18 to 22 for all related ASA staff with the assistance of technical expertise from APD.
- Another workshop to review and refine the BCI strategy for MSM interventions will be held from November 29 to December 3, again with the assistance of an APD expert.

- Refresher basic outreach skills training will be organized for partner NGOs in Semarang, Batam, Tanjung Pinang, Merauke, Jayapura, Bandung, Karawang, and Jakarta throughout the next quarter.
- The Qualitative Study on Sexual Behaviors will continue, with data collection and analysis completed during this quarter.
- IEC materials to be developed will include a new version of the safer sex package, a booklet and a calendar for MSM; a poster promoting peer leaders in the military and two booklets on penal care; flip charts for outreach workers and peer leaders; and leaflets on VCT and case management.
- A National Harm Reduction Meeting will be organized in collaboration with the KPA for 300 stakeholders, including NGOs and the government, in late November.
- Development of a basic curriculum on HIV/AIDS to be inserted into all routine training by each of the four branches of the uniformed services will be completed.
- A condom promotion event for the general public in Manado, including songs by Harry Roesli, will be organized in collaboration with DKT on November 12.
- A series of radio talk shows on HIV/AIDS will be recorded by station 68H for broadcast over 52 radio stations nationwide throughout the quarter.
- Print ads in ten publications and public service announcements on 12 radio stations concerning HIV/AIDS prevention will be placed throughout this quarter as well.
- MTV will collaborate with ASA in the production of a PSA on harm reduction which will air on MTV in November and December.
- Raykat Merdeka, a newspaper group, will collaborate with ASA in organizing a dangdut music performance at Ancol, Jakarta on November 21, which will focus on HIV/AIDS prevention, moderated by Nurul Arifin.
- Several photo exhibitions concerning people living with HIV/AIDS will be organized during the quarter, including exhibitions for the new parliament, the National Harm Reduction Meeting, and a national protestant church meeting in December.
- Regional workshops for partner STI cl Tcs will be held during October and November in Jayapura for Papua and Maluku, in Jakarta for all Java provinces, and in Batam for all Sumatra provinces, in order to share experiences and identify lessons learned and best practices.
- A special training course on STI cl Tcal management will be held for six cl Tcs in Maluku during the second week of November.
- A training course on STI cl Tcal management specifTcally foMSM will be organized in Jakarta in early December.

- A one-day workshop will be organized for each of the 18 partner NGOs involved in VCT in Jakarta to review and reinforce best practices during October and November.
- A workshop will be held in collaboration with the MOH to finalize guidelines on VCT services in November.
- A refresher training in case management will be organized for the seven partner NGOs in Merauke.
- BSS data collection and analysis will continue throughout this next quarter, and report writing will commence for those provinces where data collection is complete.
- A training course on data analysis for HIV surveillance will be organized for relevant staff of the provincial health services in Surabaya to help improve the quality of their surveillance activities.
- The first training of provincial KPAD will be organized in collaboration with the national KPA for the provinces of Papua, Maluku, and North Sulawesi in late November.
- ASA will support a strategic planning workshop in Maluku for the districts of Maluku Tenggara and Ambon in early November.
- The piloting of the new monitoring software for local AIDS commission capacity building, developed by the national KPA, will begin in selected priority provinces in October.
- In collaboration with ILO, local workshops will be organized in Bandung, Batam, Jayapura, and Surabaya to discuss HIV/AIDS programming in the workplace with the local chapters of Apindo and trade unions.
- Two additional trainings for puppeteers on HIV/AIDS issues will be organized in Solo during October, in preparation for performances at the royal palaces in Yogyakarta and Solo in December.
- Training of trainers for new local NGOs facilitating workplace programs will be held in Bandung and Manado/Bitung in October.
- A special workshop for all partner NGOs working in the private sector will be held in Jakarta in early December to exchange experiences and assess future needs.

ABBREVIATIONS USED IN THE REPORT

AHRN	Asian Harm Reduction Network
APD	Asia Pacific Division
APINDO	The Indonesian Employers' Association
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASA Program	Aksi Stop AIDS Program
BCC	Behavior Change Communication
BCI	Behavior Change Intervention
BNN	Badan Narkotika Nasional (National Narcotics Agency)
BNP	Badan Narkotika Propinsi (Provincial Narcotics Agency)
BPS	Biro Pusat Statistik (Central Bureau of Statistics)
BSS	Behavior Surveillance Survey
CDC	Center for Communicable Disease Control (P2M)
CHR/MBI	Center for Harm Reduction, Macfarlane Burnet Institute
CHI/UI	Center for Health Research, University of Indonesia
CST	Care, Support, and Treatment
DfID	Department for International Development
DKI Jakarta	Daerah Khusus Ibukota Jakarta (the provincial-level administrative unit covering Jakarta)
DPR	Dewan Perwakilan Rakyat (House of Representatives)
FHI	Family Health International
FSW	Female Sex Worker
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GOI	Government of Indonesia
GIPA	Greater Involvement of People with HIV/AIDS
HIV	Human Immunodeficiency Virus
IA	Implementing Agency
IDU	Injecting Drug User/Injection Drug Use
IEC	Information, Education and Communication
IFPPD	Indonesian Forum of Parliamentarians on Population and Development
IHPCP	Indonesia HIV/AIDS Prevention and Care Project Phase 2 (AusAID)
ILO	International Labour Organization of the United Nations
ILOM	Indigenous Leader Outreach Model
KPA	Komisi Penanggulangan AIDS (National AIDS Commission)
KPAD	Komisi Penanggulangan AIDS Daerah (Regional AIDS Commission)
KKI	Komite Kemanusiaan Indonesia
MOH	Ministry of Health
MOJ&HR	Ministry of Justice and Human Rights
MSM	Men who have Sex with Men
NGO	Non-Governmental Organization
OSH	Occupational Safety and Health
P2M	Dit. Pemberantasan Penyakit Menular (Directorate of Communicable Disease Control)
PLWHA	People Living With HIV/AIDS
PSA	Public Service Announcement

RP	Result Package
RRF	Rapid Response Fund
SA	subagreement
SOP	Standard Operating Procedures
STI	Sexually Transmissible Infection
TA	technical assistance
TOT	Training of Trainers
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VCT	Voluntary counseling and testing
waria	Male transvestite/transsexual
WHO	World Health Organization